

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		53-00
O.I.P.E. CLASSIFIER			5/17/01
FORMALITY REVIEW	CD	100125	6/13/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓✓✓✓✓
2	✓	✓	
3	✓	✓	
4	○	✓	✓✓✓✓✓
5	✓	✓	✓✓✓✓✓
6	✓	✓	✓✓✓✓✓
7	✓	✓	✓✓✓✓✓
8	○	✓	✓✓✓✓✓
9	✓	✓	✓✓✓✓✓
10	✓	✓	✓✓✓✓✓
11	✓	✓	
12	✓	✓	
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14	✓	✓	✓✓✓✓✓
15	✓	✓	✓✓✓✓✓
16	○	✓	✓✓✓✓✓
17	✓	✓	✓✓✓✓✓
18	○	✓	✓✓✓✓✓
19	○	✓	✓✓✓✓✓
20	○	✓	✓✓✓✓✓
21	○	✓	✓✓✓✓✓
22	○	✓	✓✓✓✓✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy